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HOBBS OFFICE O.C.C.
 NEW MEXICO OIL CONSERVATION COMMISSION
MAR 29 11 41 AM '66

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator <i>Indian Oil Co. Inc.</i>	5. State Oil & Gas Lease No.
3. Address of Operator <i>Box 150, Santa Fe, N.M.</i>	7. Unit Agreement Name
4. Location of Well UNIT LETTER <i>1</i> FEET FROM THE <i>1</i> LINE AND <i>1</i> FEET FROM THE <i>1</i> LINE, SECTION <i>1</i> TOWNSHIP <i>1</i> RANGE <i>1</i> NMPM.	8. Farm or Lease Name <i>1</i>
	9. Well No. <i>1</i>
	10. Field and Pool, or Wildcat <i>1</i>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <i>1</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. To plug and abandon well No. 1, located on the 1/4 section 1, Township 1, Range 1, NMPM. The well was drilled in 1965 and has been producing since that time. It is now being plugged and abandoned.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Edward M. Muel* TITLE *Manager* DATE *3/29/66*

APPROVED BY *[Signature]* TITLE *[Blank]* DATE *[Blank]*

CONDITIONS OF APPROVAL, IF ANY: